Instructions for Completing Claim for Support of Children

1. *** NAME** – Legal name of benefit/product provider.

2. *** TAX IDENTIFICATION NUMBER** – The Tax Identification Number associated with the legal name in section one.

3. **INVOICE NUMBER** – Control number assigned by the provider for internal record management.

4. *** ADDRESS** – Address in which payment should be remitted.

5. **PAGE NUMBER –** Outlines the current page number as well as the total number of pages included in the Claim.

6. *** FOR THE PERIOD** – The start and stop date of the reporting period of Claim. The Claim period should not be confused with the Dates of Service (sections 14 and 15) since providers may list multiple children/PO Numbers with different dates of service during the Claim period.

7. *** AMOUNT OF CLAIM** – The cumulative sum of the Total Cost section (column 18).

8. *** RESOURCE ID** – The Resource Identification Number assigned by Department of Child Services for the provider rendering the benefit/product.

9. **PERSON ID –** The identification number assigned by the Department of Child Services for the child in whom the benefit/product was rendered.

10. **CASE NUMBER** – The identification number of the case assigned by the Department of Child Services.

11. **NAME IN FULL** – Name of child in whom the benefit/product was rendered.

12. * **PO NUMBER** – Purchase Order number assigned by Department of Administration for the specific benefit/product provided.

13. * **BILLING CODE** – Description of the benefit/product provided.

14. * **BEGIN DATE OF SERVICE –** Date in which the benefit/product began being rendered by the provider. If the begin date of the benefit is prior to the Claim period, use the period begin date reflected in section six.

15. * **END DATE OF SERVICE** – Date in which the benefit/product ceased being rendered by the provider. If the benefit is still being provided at the time of the Claim submission, use the period end date reflected in section six.

16. * **UNIT –** The number of times a benefit/product was rendered during the Claim period. The unit can be measured in hours, days, months or each.

17. * **RATE –** The amount per unit for which a benefit/product is rendered.

18. * **TOTAL COST** – The total amount of the line item by multiplying the number of units and the rate.

19. * **SIGNATURE OF VENDOR** – Authorizing signature of agent reporting Claim.

20. * **VENDOR PHONE NUMBER –** Phone number of authorizing agent reporting Claim.
21. * **VENDOR E-MAIL ADDRESS –** E-mail address of authorizing agent reporting Claim.

22. * **DATE** – Month, Day, Year agent authorized Claim.

    * Required field